

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Our Responsibilities: By law, the Dorminy Medical Center, must maintain the privacy and security of your Protected Health Information or “PHI”. The federal government defines PHI as individually identifiable health information transmitted or maintained in electronic media or in any other form or medium, which is held or disclosed by the Dorminy Medical Center or a Business Associate. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

When we use the word “we” or “Dorminy Medical Center,” we mean all the individuals and entities covered by this Privacy Notice and listed below, along with other individuals and organizations that assist us in providing treatment, payment or health care operations.

As explained in this Privacy Notice, we will use and share your PHI:

- To provide treatment to you and keep a record of your care,
- To receive payment for the care or service we provide,
- To administer and conduct business relating to the services and facilities of the Dorminy Medical Center (i.e., health care operations), and
- To comply with federal and state law.

We are required by law to make available to you this Privacy Notice of our legal duties and privacy practices with respect to your medical information, and to follow the terms of the Notice that is currently in effect. This Privacy Notice is also available on our website at www.dorminymedical.org.

Persons/Entities Covered by this Privacy Notice: Our Privacy Notice will be followed by the Dorminy Medical Center, which includes, but is not limited to:

- ☐ All Workforce members, defined under HIPAA in 45 C.F.R. § 160.103, as our team members, volunteers, trainees, medical, nursing, and other students, and other persons whose conduct in the performance of work for us or a Business Associate is under our direct control, whether or not they are paid by us or a Business Associate;
- ☐ The following Dorminy Medical Center entities, sites, and locations, which are affiliated covered entities, may share PHI with others as described in this Notice or otherwise permitted or required by law:
 - Dorminy Medical Center
- ☐ Persons or entities performing services for the Dorminy Medical Center under agreements containing privacy and security protections or to which disclosure of medical information is permitted by law.
- ☐ Persons or entities with whom the Dorminy Medical Center participates in managed care arrangements; and
- ☐ Members of the Dorminy Medical Center Medical Staff of the Dorminy Medical Center and Dorminy Medical Center campuses and other medical professionals involved in patient care or performing peer review, quality improvement, medical education, and other services for the Dorminy Medical Center.

Part I – Your Privacy Rights

Right to review and request an electronic or paper copy of your medical record and other health information in the Dorminy Medical Center’s designated record set about you.

- You can ask to see or get an electronic or paper copy of your medical record or other health information we have about you. Ask us how to do this.
- We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Contact the Medical Records Department at either hospital or the facility/physician practice where you received treatment or services. We will tell you if we cannot fulfill your request. You may ask us to reconsider our decision if your request is denied.

Right to request an amendment to correct your PHI in a paper or electronic medical record that you think is incorrect or incomplete.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Contact the Medical Records Department at either hospital or the facility/physician practice where you received treatment or services.
- You must provide a reason to support your request to correct your record.
- We may say “no” to your request, but we will tell you why, in writing, within 60 days. If your request is denied, you may ask us to place your written statement of disagreement in your electronic or paper record.

Right to ask us for a list or accounting of disclosures of your PHI.

- You have the right to make a written request for a list or “accounting” of certain disclosures that we have made of your medical information for the previous six (6) years from the date you asked, who we shared it with, and why. Ask us how to do this.
- We will include all the disclosures, except:
 - disclosures about treatment, payment and health care operations,
 - disclosures previously made to you or which you authorized us to make, and
 - other disclosures that are not required to be listed.

Right to ask us to restrict the information we disclose about you.

- You have the right to request a limit on the PHI that we use or disclose about you for treatment, payment, or health care operations.
- You have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or a friend.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

- Health Insurance Payer Exception:
- You may ask us not to bill your health plan or health insurer for treatment or service provided to you. However, you must pay all bills associated with that treatment or service before we can accept your restriction. During a single visit at our hospital, you may receive a bill for payment from multiple sources, including the hospital, laboratories, individual physicians who cared for you, specialists, radiologists, etc.
- If you wish to restrict a disclosure to your health insurance company from all these parties: – you must contact each independent healthcare provider separately that you want to restrict a disclosure to your health plan or insurer, and – you must submit payment, in advance and in full, to each individual provider.
- We will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure required under law.

Right to request confidential communications with you.

- You can ask us to contact you in a specific way. For example, you may ask us to contact you at your mobile phone number, rather than your home phone number, or to send mail at an address other than your home address.
- We will accommodate reasonable requests
- Please tell the individual registering or admitting you for treatment/services that you want confidential communications.

Right to get a paper copy of our Joint Notice of Privacy Practices.

- You can get a paper copy of this Privacy Notice at any registration/admission area in any of our facilities, even if you have agreed to receive the notice electronically.
- You can get an electronic copy of this Privacy Notice at our website: www.dorminymedical.org.

Right to choose someone to act for you.

- If you have given someone your healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has this authority according to Georgia law and can act for you before we take any action.
- Please bring a copy of any legal papers with you and provide them to the individual assisting you with registration or admission each time you seek care at one of our facilities.
- Right to file a complaint if you believe your privacy rights have been violated.
- We will not retaliate against you for filing a complaint.
- To file a complaint or to receive more information regarding the content of this notice, please contact:
Privacy Officer Terri Tucker
- You can also file a complaint by sending a letter to the U.S. Department of Health & Human Services, **Office for Civil Rights**, 200 Independence Avenue, S.W., Washington, D.C. 20201; or by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Right to receive a notice of a breach of unsecured medical and/or billing information.

- If the Dorminy Medical Center becomes aware of a breach of unsecured medical or billing information, you will be sent a letter notifying you of this breach.
- Any of your physicians who are not employees of the Dorminy Medical Center, or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions or inactions.
- The Dorminy Medical Center expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.

Part II – Your Choices

If you have a clear preference for how we share your information in the situations described below, tell the individual who helps you with registration or admission into one of our facilities. We will follow your instructions if allowed by law.

Note: If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases, you have both the right and choice to tell us:

1. **To share information with your family, close friends, or others involved in your care.** See Part III on sharing information with your family or a Personal Representative.
2. **To share information in a disaster relief situation.** We may also share your information when needed to lessen a serious and imminent threat to health or safety.
3. **To ask us not to include your name in a facility patient directory.**
 - The patient directory provides your location in one of our facilities and a brief health status update about you, such as “fair,” “critical,” or “stable.”
 - See Part III on your choices regarding listing your name in one of our patient directories.

In these cases, we will never share your PHI, unless you give us written permission:

1. **For Marketing purposes.**
 - We do not use your PHI for marketing purposes, unless we ask your permission and get your written, signed Patient Authorization.
 - We never sell PHI to a third-party vendor.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

2. For Fundraising purposes. We may send you a fundraising communication, but you may ask us not to contact you again. See Part III for more information on our Fundraising activities.
3. For sharing certain sensitive information. See Part III on sharing sensitive information, such as psychotherapy notes.

Part III – Most Common Uses and Disclosures of your PHI

Treatment. We may use and disclose your PHI to provide, coordinate and manage your care. This includes communication and consultation between healthcare providers (i.e., doctors, nurses, technicians, therapists, medical, nursing, or other medical students and other members of your medical team).

1. This applies to disclosures for treatment purposes to healthcare providers both within and outside the Dorminy Medical Center. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, or the doctor may need to tell the dietitian so you can have healthy meals. Information will be shared between caregivers to ensure continuity of care.
2. We also may disclose your medical information to other healthcare facilities if you need to be transferred to another hospital, a nursing home, a home health provider, a rehabilitation center, etc.
3. We also may disclose your medical information to people outside the Dorminy Medical Center who are involved in your care while you are here or after you leave, such as other healthcare providers, family members, or pharmacists.

Payment. We may use and disclose your PHI to create bills and collect payment from Medicare, Medicaid, and other insurance payers.

1. This may include providing information such as dates of service, symptoms and diagnosis to your insurance company to show that we provided medical services to you.
2. We may disclose PHI to another healthcare provider if such information is needed by the other provider to obtain payment for medical services provided to you.
3. We may disclose your PHI to a collection agency to obtain overdue payment from you.

Health Care Operations. We may use and disclose your PHI, if necessary, for any operational function necessary to run the Dorminy Medical Center and its facilities as a business; as a licensed, certified, and accredited facility; and to improve the quality of care we provide to patients. These include, but are not limited to:

1. Conducting quality or patient safety activities, population-based activities relating to improving health or reducing healthcare costs, case management and care coordination, and contacting healthcare providers and you with information about treatment alternatives.
2. Reviewing healthcare professionals' backgrounds and grading their performance, conducting training programs for our team members, students, trainees, or practitioners and non-healthcare professionals; performing accreditation, licensing, or credentialing activities.
3. Combined with that of other Dorminy Medical Center patients to decide what additional services we should offer, and whether certain new treatments are effective.
4. Disclosing information to doctors, nurses, therapists, technicians, medical, nursing, or other healthcare students, and Dorminy Medical Center personnel for teaching purposes.

Activities of Our Strategic Affiliates. We may disclose your PHI to our affiliates (i.e., entities that are owned by the Dorminy Medical Center and other businesses that we work closely with in connection with your treatment or other Dorminy Medical Center activities).

Activities of Organized Health Care Arrangements ("OHCA") in Which We Participate. For certain activities, the Dorminy Medical Center, members of its Medical Staff, and other independent professionals who provide care in our facilities, participate in an OHCA in order to provide health care and share PHI to a common set of patients. We may disclose information about you to healthcare providers participating in our OHCA, such as a managed care organization or a physician Dorminy Medical Center organization.

- The Dorminy Medical Center formally adopted OHCA status in a Resolution it approved on February 26, 2003. It allows use of this Joint Notice of Privacy Practice, joint policies and procedures, and appointment of one (1) Privacy Officer and one (1) Information Security Officer to share PHI for treatment, payment and health care operations purposes.
- In addition to providing treatment to a common set of patients, members of the Medical Staff and other medical professionals under the OHCA jointly perform health care operations activities such as peer review, quality improvement, medical education, and other services for the Dorminy Medical Center.

IMPORTANT: The Dorminy Medical Center may share your PHI with members of our Medical Staff, and other independent medical professionals in order to provide treatment, payment and health care operations through the OHCA. Those professionals have agreed to follow this Privacy Notice and participate in the Dorminy Medical Center's privacy program.

- However, many of these medical professionals are independent contractors who own their own businesses.
- The Dorminy Medical Center expressly disclaims any responsibility or liability for their acts or omissions relating to your care or privacy/security rights.
- Additionally, independent medical professionals/groups are responsible for issuing a separate Notice of Privacy Practices to patients they treat in their offices or other settings. Such treatments are outside the "umbrella" of the Dorminy Medical Center and its OHCA.

Health Information Exchanges.

IMPORTANT NOTICE REGARDING THE DISCLOSURE OF YOUR MEDICAL RECORDS TO A HEALTH INFORMATION EXCHANGE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

After you receive care, we may release your medical records or other information about you to a health information exchange or “HIE.” An HIE allows healthcare providers and insurance payers to have the capability to share or “exchange” clinical information about you electronically among other healthcare providers.

HIEs are designed to provide your physicians/health facilities with:

- greater access to your clinical data with the goal of reducing redundant testing and treatment delays associated with paper medical records.
- enhancing communication between providers.
- providing patients with safer, more patient-centered care; and
- providing care in emergency situations.

The Dorminy Medical Center participates in one or more HIEs and your information may be included in the HIE. If you ask us not to share your information in this way and “opt out” of the HIE, we will not include any personal or medical information from the Dorminy Medical Center. Instructions to opt out are provided below.

When we participate in HIE or several HIEs, healthcare providers who have access to HIE will have access to your personal or health information that has been uploaded or entered into HIE. They may use that information for treatment, payment or health care operations, or as otherwise required or allowed by state and federal law.

SENSITIVE INFORMATION: Sensitive information (such as HIV/AIDs or other communicable disease, mental health, drug and alcohol treatment information), is protected under state and federal law. We will provide sensitive information to an HIE but have put into place protections to help prevent the disclosure of sensitive information to those other than your treating providers, their workforce members, and business associates. However, because sensitive information cannot be completely isolated from other medical information, there is a chance that sensitive information (or information that could indicate you have had treatment for a sensitive condition) could be included within your medical information. Therefore, if you are concerned at all about a certain piece of medical information being inappropriately used, disclosed, re-disclosed, or known, we strongly recommend you do not agree to participate in an HIE.

To opt out of the HIE, please tell the Dorminy Medical Center team members assisting you during your registration. If you would like to opt out at some point after registration, please contact the Compliance Department at Dorminy Medical Center. It may take up to 10 business days to process your opt-out request.

Our Patient Portal. We may use and disclose your health and billing information through our secure Patient Portal, which allows you to view, download, and share parts of your medical record (such as lab results) and billing information. The Patient Portal is available at www.dorminymedical.org.

You may authorize an adult (18 or older) as a Patient Portal proxy. By doing so, you accept responsibility for granting individual access to your protected health information (PHI).

To access Patient Portal for the first time:

- You must have an email address on file with Dorminy Medical Center.
- You must know your Medical Record Number (MRN), found on your hospital bracelet (format: **M0000####**).

If you do not know your MRN, visit Medical Records at the hospital front desk (main entrance) with a photo ID to request it.

Self-enroll at <https://www.dorminymedical.org/patient-portal-page> by selecting **Patient Portal Login** and **Create Account**. Existing users may select **Sign In**. If needed, use **Password Reset** to recover access.

For help with the Patient Portal or your health information, call **229-424-7193**, Monday–Friday, **8:00 AM–5:00 PM (ET)**.

Other Electronic Correspondence. If you email us medical or billing information from a private email address (such as an account with MS Outlook, MSN, Yahoo, Gmail, etc.), your information will not be secured (e.g., encrypted or put into a code that cannot be read by another person), unless you use a secure messaging portal to send it to us.

1. If you request that we email your medical or billing information to a private email address, our email will be encrypted by us when it is sent to you, unless you request otherwise.
2. If you request that we post your medical or billing information in dropboxes, on a data storage device such as a USB flash drive or compact disk, etc., your PHI may not be encrypted and, therefore, may not be secure.
3. We are not responsible if this confidential information, once released from our secure portal to you, is re-disclosed by another person or organization.
4. We are not responsible for subsequent damage, alteration or misuse of the data.

Contacting you about Health Services, Products, Treatment Alternatives and Health- Related Benefits. We may access your PHI to contact you for the following reasons, including, but not limited to:

- face-to-face communications.
- providing promotional gifts.
- contacting you for appointment reminders.
- sending you refill reminders or communications about a drug or biologic that is currently prescribed to you.
- case management or care coordination.
- recommending alternative treatments, therapy, doctors or settings of care.
- describing a health-related product/service (or payment for such) that is provided through a health benefit plan.
- offering information on other providers participating in a healthcare network that we participate in; or

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

- offering information about healthcare-related products, benefits, or services that may be of interest to you.

Fundraising. We are a not-for-profit organization that depends on donations to sustain our mission. We may contact you to raise money for the Dorminy Medical Center. Dorminy Medical Center Foundation, Inc. (the "Foundation"), is our primary fundraising entity. Under the HIPAA Privacy Rule, the Dorminy Medical Center is allowed to disclose certain limited, patient-specific information to the Foundation or others involved in fundraising unless you tell us you do not want such information used and disclosed. For example, the Dorminy Medical Center may disclose to the Foundation:

- demographic information such as your name, address and other contact information (such as your telephone number, email address, etc.), age, gender, and date of birth.
- dates when health care was provided to you.
- information on the department/entity that provided your service.
- the name of your treating physician.
- outcome information, such as a patient's death; and
- your insurance status.

In addition:

- The Dorminy Medical Center does not sell or rent patients' names or addresses to any other organization.
- You have a right to "opt-out" of receiving future fundraising communications by calling the Foundation at Dorminy Medical Center.

Business Associates. Your PHI could be disclosed to people or companies outside our Dorminy Medical Center so they can provide services to us. We make these companies sign special confidentiality agreements with us, known as **Business Associate Agreements**, before giving them access to your PHI. Business Associates can be fined by the federal government if they use or disclose your PHI in a way that is not allowed by law.

Patient Directory. While you are a patient in one of our facilities, we may include your name, location, current health condition, and religious affiliation, if you provide one, in the current lists or directories for these facilities. This information is only shared with people who ask for you by name. However, a list is printed every day of all individuals who are hospital inpatients and who have given us their religious affiliation. This list is only available to members of the clergy, such as a priest, minister, rabbi, etc., who come to the hospital. They do not have to ask for you by name and may visit you that day. Even if you have given us your religious affiliation, you have the right to tell us that you do not wish to visit with a member of the clergy.

You can choose not to have your name listed in a facility directory. This means that anyone who telephones or comes to see you will be told that there is no listing for your name. No contact information will be given to those who ask for you. However, you cannot request to be "anonymous," or a "no information patient," or use a fictitious name. For your **safety**, certain identifying information will still be used, such as your full name, date of birth, medical record number, billing account number, type of surgery or treatment, etc. This will be used to identify you for treatment, payment, and health care operations, EVEN IF YOU REQUEST NOT TO BE LISTED IN THE FACILITY'S PATIENT DIRECTORY.

Passwords. Under HIPAA, we are only allowed to provide basic information about you, such as general health status, to individuals who call us on the telephone and ask for you by your full name, unless the caller has authority to receive other information. To give you more control over who receives information, we have established a password program for those who may call, and you'd like to have more detailed information about your condition. This does not give anyone with your password the right to access your medical or payment records. Ask your care team for more information.

Family Members or Other Persons. In addition to your personal representative, family members or other people who are involved in your care or payment may be able to receive medical or billing information about you, even if they are not your personal representative. In other words, we are allowed at certain times to speak with those who are/were involved in your care or payment activities about such care or payment activities. Required By Law. We will use or disclose your PHI when required by federal, state or local laws. For example, the Dorminy Medical Center may be required to report certain gunshot wounds and other injuries that may have resulted in an unlawful act. We must comply with child and elderly abuse reporting laws and laws requiring us to report certain diseases, injuries, or deaths to state or federal agencies.

Part IV – Special Situations and Other Potential Uses and Disclosures of your PHI

Serious Threat to Health or Safety. We may use and disclose PHI to alert those able to prevent or lessen a serious and immediate threat to the health and safety of a patient, another person or the public.

Organ and Tissue Donation. If Dorminy Medical Center professionals determine that a patient might be a candidate for organ or tissue donation, we may release PHI to organizations that handle organ procurement, or organ, eye and tissue donation banks, or other healthcare organizations, as needed, to make organ or tissue donation and transplantation possible.

Military Personnel and Veterans. If you are a member of the United States Armed Forces, we may release your PHI as required by military authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, your PHI is shared with you and the sponsoring organization.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Workers' Compensation. We may disclose PHI about you for workers' compensation or similar programs, as authorized or required by law. These programs provide benefits for work-related injuries or illness. Public Health Risks. We may disclose your PHI for public health purposes:

- To report to a public health authority to prevent or control the spread of diseases (including sexually transmitted diseases), injury or disability,
- To report vital statistics, such as births and deaths,
- To report child, elder or adult abuse, neglect or domestic violence,
- To report to the federal government adverse reactions to medication or safety problems with FDA-regulated drugs or products,
- To notify people of product recalls,
- To report communicable diseases to local, county, state and/or federal authorities and to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition,
- To notify an employer of work-related illness or injury, in certain cases, and
- To disclose to a school whether student immunizations have been obtained.

Health Oversight Activities. We may also disclose PHI to a federal or state agency for health oversight activities such as audits, investigations, inspections and licensure of the Dorminy Medical Center and healthcare personnel (e.g., the Department of Health, Medical Board, Nursing Board, etc.). These activities are necessary for the government to monitor our compliance with federal and state law.

Lawsuits and Disputes. We may disclose your PHI in response to a valid court order or administrative order. We may disclose your PHI in response to certain types of subpoenas, discovery requests, search warrants or other lawful documents to defend ourselves. We may also disclose your PHI to respond to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. Law Enforcement Activities. Subject to certain conditions, we may disclose your PHI for a law enforcement purpose upon the request of a law enforcement official:

- In response to a valid court order, grand jury subpoena, or search warrant.
- To identify a suspect, fugitive or missing person.
- About the victim of a crime under certain circumstances.
- About a death believed to be a result of criminal conduct; or
- About a crime committed on Dorminy Medical Center property.

Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner, when necessary, to identify the deceased, determine the cause of death or as otherwise authorized by law. We may also release PHI to a funeral director, as necessary, to carry out the funeral director's duties, including arrangements after death.

National Security/Protective Services. We may disclose your PHI to authorize federal officials for intelligence, counterintelligence or other national security activities authorized by law. We may also disclose PHI to authorized federal officials so they may provide protection to the President of the United States or other authorized individuals.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your PHI to the correctional institution or the law enforcement officer. This release would be necessary for the Dorminy Medical Center to:

- provide you with health care,
- protect your health and safety,
- protect the health and safety of others, or
- protect the safety and security of the law enforcement officer or the correctional institution.

Sensitive Information. State law provides special protection for certain types of PHI, including information about alcohol or drug abuse, mental health, communicable diseases (e.g., AIDS/HIV) and genetic testing results, and therefore limit whether and how we may disclose information about you to others. Most of these laws allow us to use, and disclose sensitive information for treatment purposes but may restrict other types of disclosures. Federal law also provides special protection for information from alcohol and drug rehabilitation treatment programs. To the extent possible, the Dorminy Medical Center will attempt to obtain your Patient Authorization before disclosing the information to others in many circumstances.

Substance Use Disorder Treatment Information. If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Uses and Disclosures Pursuant to Patient Authorization. Except as described in this Privacy Notice or specifically required or permitted by law, we will not use or disclose your PHI without obtaining a written Patient Authorization from you.

- At times, we may ask you to give us specific written permission to allow us to use or disclose PHI about you.
- A valid Patient Authorization may be revoked in writing at any time.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

- Once your protected health information is disclosed pursuant to a valid authorization, the recipient of that information may be able to re-disclose it. In that case, your information may no longer be protected by the same privacy rules that apply to our Dorminy Medical Center.
- Once a Patient Authorization is revoked, we will no longer be allowed to use or disclose PHI for purposes described in the Authorization, except to the extent that we have already taken action based upon the Authorization.

Part V – Changes to this Privacy Notice

From time to time, we may change our practices regarding how we use or disclose PHI, or how we will implement patient rights regarding your PHI. We reserve the right to change the terms of this Privacy Notice and make new Privacy Notice provisions that will be effective for all the PHI maintained at the Dorminy Medical Center. The revised Privacy Notice will apply to medical information we already have at the time of the change, as well as to any medical information we have in the future.

- We will post the current Privacy Notice at registration and admission areas in all our facilities, and physician practices throughout the Dorminy Medical Center.
- It is posted on our Team Member Portal for use by our Workforce members, and on our website at www.dorminymedical.org.
- We will also mail it to anyone who requests it.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Dorminy Medical Center's Privacy Officer, Dorminy Medical Center's Administrative Assistant, or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information:

- **Privacy Officer:** Terri Tucker 200 Perry House Road 229-424-7136; ttucker@dorminymedical.org
- **Administrative Assistant:** Valrie Ussery 200 Perry House Road 229-424-7260; vussery@dorminymedical.org

To contact the HHS Office for Civil Rights (OCR) regarding a compliance inquiry or submission, use the following information:

- **Website:** HHS OCR Website- <https://www.hhs.gov/ocr/index.html>
- **Complaint Portal:** OCR Complaint Portal- <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- **Toll-Free Number:** 1-800-368-1019
- **TDD:** 1-800-537-7697
- **Local Number:** 202-619-0403

Address:

**U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, SW Washington, D.C. 20201**

- **General Inquiries:** ocrmail@hhs.gov
- **Regional Offices:** If your inquiry pertains to a specific region, contact the appropriate regional OCR office. Regional contact information can be found on the OCR Regional Offices Page <https://www.hhs.gov/ocr/about-us/contact-us/index.html>.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice, with revisions applicable to both past and future medical information. The current notice will be posted in our facilities and on our website (www.dorminymedical.org). You may request a copy of the latest notice at any time